CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / МІ OFFICE USE ONLY **OFFICEHOLDER** JIMMY R NAME NICKNAME SUFFIX STRICKLIN JR ADDRESS / PO BOX; APT / SUITE #: 4 CANDIDATE / STATE: ZIP CODE **OFFICEHOLDER** 1091 CR 4870 LEONARD TX MAILING 75452 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)7171317 PHONE MS / MRS / MR 6 CAMPAIGN SUZANNE **TREASURER** Date Processed NAME 02-26 NICKNAME SUFFIX Date Imaged STRICKLIN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. CITY; ZIP CODE 7 CAMPAIGN TREASURER 1091 CR 4870 LEONARD TX 75452 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (214 514-7364 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 2 26 / 24 / 5 24 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Other Description Primary General Special 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE N/A CONSTABLE PCT 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Signature of Candidate/Officeholder (Declarant)

CAMPAIGN	N FINANCE REPORT	COVER SHEET FG 2
15 C/OH NAME JIMMY "J	JR" STRICKLIN	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 530.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (LAST DAY OF THE REPORTING PERIOD	of the \$ 0.00
1	swear, or affirm, under penalty of perjury, that the accompanying report is trequired to be reported by me under Title 15, Election Code. Signature of Complete either option belo	and date or Officeholder
Swom to and subscribed to certify	N. MCMORRIS lic, State of Texas pires 01-02-2028 D 134696079 I before me by JiWW L STYICUIM this the which, witness my hand and seal of office. MOWN WELLE MCMOYYIS	wan Officer
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	ion	
My name is JIMMY ".	JR" STRICKLIN , and my date of birth	is 05/06 1962
My address is 1091 C	R 4870 LEONARD	TX 75452 FANNIN
, 400.000 10		(state) (zip code) (country)
Executed in	County, State of, on the day of	, 20 (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	Y "JR" STRICKLIN	20 Filer ID (Ethics Cor	nmissi	on Filers)
	ULE SUBTOTALS DF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	530.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	30.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	ted information is not applicable	, DO NOT in	clude this page in the r	report.
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME JIMMY "J	R" STRICKLIN JIMMY	y		3 Filer ID (Ethics Commission Filers)
4 Date	WALTER GOOD		7 Amount of contribution (\$)	
02/24/20	6 Contributor address; 700 CR 1410, Bo	City;	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	, ,,,,	9 Employer (See Instruct	ions)
Date	N/A		C (ID#:)	Amount of contribution (\$)
			State; Zip Code	0.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
			State; Zip Code	0.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
			State; Zip Code	0.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
			1	
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	IEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	. 118.44				
Th	e Instruction Guide explains how to complete this form	n,	1 Total pages Schedule A2:		
JIMMY "J	E IR" STRICKLIN		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	O.OO de of Texas, Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	 	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

PLEDGED CONTRIBUTIONS

SCHEDULE B

lf	the reques	sted information is not applicable, DO NOT in	clude this page	in the report.		
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:	
	JIMMY "JR" STRICKLIN JIMMY			3 Filer ID (Ethics Commission Filers)		
4 T	OTAL OF	UNITEMIZED PLEDGES		\$	0.00	
5 D	ate	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address; City; Sta	te; Zip Code	0.00	00.00	
		N/A		Check if travel outs	 ide of Texas. Complete Schedule T.	
10 F	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)		
D	Pate	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
			ite; Zip Code	0.00	00.00	
		N/A		Check if travel outs	I . ide of Texas. Complete Schedule T.	
Pi	rincipal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
D	ate	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; Sta	ate; Zip Code	0.00	00.00	
		N/A		Check if travel outs	I I ide of Texas. Complete Schedule T.	
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
С	Pate	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State	; Zip Code	0.00	00.00	
		N/A		Check if travel outs	I I side of Texas. Complete Schedule T.	
Pi	rincipal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	n the requested			
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME	JIMMY "JR" STRICK	LIN	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	\$ 0.00		
5	Date of loan	7 Name of lender ut-of-state	9 Loan Amount (\$) 0.00	
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
4	YN			
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)				
14 Description of Collateral Check if personne account (See				ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	0.00
	not applicable	N/A		
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$) 0.00
	Is lender a financial	Lender address; City;	State; Zip Code	Interestrate
	Institution?	N/A		Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
-	GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
	INFORMATION	N/A		0.00
	not applicable	Guarantor address; City;	State; Zip Code	
N	Principal Occupati	ion (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JIMMY "JR" STRICKLIN 4 Date 5 Payee name State; Zip Code 6 Amount (\$) City; 7 Payee address: SIGN WORKS, 505 E MULBERRY ST, LEONARD, TX 75452 190.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 SIGNS PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH CONSTABLE PCT 2 Payee name Date THE LEADER Amount (\$) Payee address; City; State: Zip Code 224 MAIN ST, BONHAM, TX 75418 160.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH N/A N/A **CONSTABLE PCT 2** Payee name Date THE LEONARD GRAPHICS Amount (\$) Pavee address: City; Zip Code 100 E COLLIN ST., LEONARD, TX 75452 150.00 Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH **CONSTABLE PCT 2**

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Focs Food/Beverage Expense Grft/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ove Polling Ex ense Printing E Salaries/V	kpense Vages/Contract Labor	Tra Tra Tra	icitation/Fundraising nsportation Equipme vel In District vel Out Of District ver (enter a category	ent & Related Expense
1 Total pages Schedule F2:	2 FILER	NAME ' "JR" STRICKLII	N		3 Fil	er ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITED	IIZED UN	PAID INCURRED	OBLIGATION	S	\$	0.00	
5 Date	6 Payee N/A	name					
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
0.00	N/A						
9 TYPE OF EXPENDITURE	Γ	Political	Non-Po	olitical			
10	(a) Catego	ry (See Categories listed at the	top of this schedule)	(b) Description			
PURPOSE							
EXPENDITURE							
	(c)	Check if travel outside of Texas. C	Complete Schedule T.	Check if Au	ıstin, TX,	officeholder living e	xpense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-P	olitical			
	Catego	ry (See Categories listed at the	top of this schedule)	Description			
PURPOSE OF							
EXPENDITURE							
	<u> </u>	Check if travel outside of Texas.	Complete Schedule T.	Check if A	Austin, T	X, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder na	ame (Office sought		Office he	d

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

•					
٦	The Instruction Guide explains how to complete this form.	1	Total pages	Schedule F3:	
2 FILER NAME	"JR" STRICKLIN	3	Filer ID (Eth	ics Commissi	on Filers)
4 Date	5 Name of person from whom investment is purchased N/A				
	6 Address of person from whom investment is purchased; N/A	City;		State;	Zip Code
	7 Description of investment N/A				
	8 Amount of investment (\$) 0.00	1010 Tab.			
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased;	City;		State;	Zip Code
	Description of investment N/A				
	Amount of investment (\$) 0.00				
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDUI F A	SNEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donalions Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gftl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic	cal Committee Legal Servi	ces	Salaries/	Wages/Contract Labor	Other (e	nter a category	not listed above)
The Instruction	Guide explains how to cor	mplete this form.		USE A NEW PAGE FOR	EACH CE	REDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME JIMMY "JR" STF	RICKLIN			3 FILEF	R ID (Ethics (Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$	0.00	
5 CREDIT CARD ISSUER	Name of financial instituti	on					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Is:	suer Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	iule)	(b) Description			
Political Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Check if Au	itin, TX, offic	ceholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Is	suer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ited at the top of this sched	dule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Au	stin, TX, off	iceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card Is	suer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if	Austin, TX, o	officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	ice Sought		Office Held	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	_	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME JIMMY "JR" STRICKLIN	:	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name THE LEADER				
6 Amount (\$) 30.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ADD PURCHAS	SE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH	С	onstable PCT 2	2		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	:D		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

· ·	s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
2 FILER NAME JIMMY "JR" STRICKLIN		3 Filer ID (Ethics Commission Filers)
5 Business name		
7 Business address;	City;	State; Zip Code
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Candidate / Officeholder name H	Office sought	Office held
Business name		
Business address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Candidate / Officeholder name H	Office sought	Office held
Business name		
Business address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living expense
	The Instruction Guide explains how to Image: The Instruction Guide	The Instruction Guide explains how to complete this form. 2 FILER NAME JIMMY "JR" STRICKLIN 5 Business name 7 Business address; City: (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. Candidate / Office holder name Business name Business address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. Candidate / Office Sought Business address; City; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin. Candidate / Officeholder name Business name Business address; City; Category (See Categories listed at the top of this schedule) Description

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME JIMMY "JR" STRICKLIN		3 Filer ID	(Ethics Co	mmission Filers)			
4 Date	5 Payee name	'						
6 Amount (\$)	7 Payee address;	City		State	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	irding type of	finformation			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions rega	irding type of	f information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions rega	arding type of	finformation			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE **K**

if the reque	ested information is not applicable, DO NOT include this pag-	e in the report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME JIMMY "JI	R" STRICKLIN JIMMY	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City;	State; Zip Code	0.00
	7 Purpose for which amount is received Check	k if political contribution	returned to filer
Date	Name of person from whom amount is received N/A	Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code	0.00
	Purpose for which amount is received Chec	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	0.00
	Purpose for which amount is received Chec	returned to filer	
Date	Name of person from whom amount is received N/A		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	0.00
	Purpose for which amount is received Chec	k if political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not	applicable, DO NO	include this page	e in the report.			
The Instruction Guide expla	ins how to complete	this form.	1 Total pages Schedule T:			
2 FILER NAME JIMMY "JR" STRICKLN			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Laboration	or Organization / Pledge	or / Payee				
5 Contribution / Expenditure reported on: Schedule A2 Schedule E Schedule F2 Schedule F) Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-S8			
6 Dates of travel 7 Name of perso	7 Name of person(s) traveling					
8 Departure city or name of departure location						
9 Destination city or name of destination location						
10 Means of transportation 11 Pe	urpose of travel (including	ng name of conference,	, seminar, or other event)			
Name of Contributor / Corporation or Lab	or Organization / Pledge	or / Payee				
Contribution / Expenditure reported on: Schedule A2 Schedule E Schedule F2 Schedule F		Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-S			
Dates of travel Name of person	on(s) traveling					
Departure city	or name of departure lo	cation				
Destination city or name of destination location						
Means of transportation P	urpose of travel (includi	ng name of conference	o, seminar, or other event)			
Name of Contributor / Corporation or Lab	or Organization / Pledg	or / Payee				
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule F2 Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling Departure city or name of departure location						
					Destination cit	Destination city or name of destination location
Means of transportation P	urpose of travel (includi	ng name of conference	e, seminar, or other event)			
ATTAC	ADDITIONAL CODI	ES OF THIS SCHEDI	H E AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form. ■ Complete only if "Report Type" on page 1 is marked "Final Report" • 2 Filer ID (Ethics Commission Filers) 1 C/OH NAME JIMMY "JR" STRICKLIN 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · **CAMPAIGN FUNDS** Check only one: 0 I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER

· Complete this section only if you are an officeholder ·

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signatu	re of	Office	holder



Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

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Date Received 03-26-24 On Carvilla Analysis Cut 11, 250 m Date Hand-delivered or Date Postmarked O2-26-24 Receipt # Amount \$ Date Processed O3-26-24 Date Imaged O3-26-24	OFFICE USE ONLY			
C) 2-2(6-24 Receipt # Amount \$ Date Processed O 2 - 24	Date Received 02-26-24 Or Cervilor Frazin Cet 11, 250 m			
Date Processed O2-26-24	Date Hand-delivered or Date Postmarked			
Date Processed O2-26-24	02-26-24			
02-26-24	Receipt # Amount \$			
	(1)-26-24			
02-26-24				
	02-26-24			

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID #

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on ____.
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit			า			,
KELSEE N. MCMORRIS Notary Public, State of Texas Comm. Expires 01-02-2028 OF TARY NOTARY NOTA			Gl	Signature	Filer	cklu gk
Sworn to and subscribed before me by	Jimmy R	Stricklin	this t	the 2U	_ day off	eb.
, to certify which, witness r	ny hand and seal of office.					0.0
Kelsel Mimor	Hellee	Mcmon	(16		Loan D	fficer
Signature of officer administering oath	Printed name o	f officer administerir	ng oath		Title of officer	administering oath
		OR				
(2) Unsworn Declaration						
My name is		, and r	my date of birt	h is		·
My address is			,			
	(street)		(city)	(state)	(zip code)	(country)
Executed inCoun	ety, State of	, on the	day of	(month)	, 20 (year)	
		Sign	ature of Fil	er (Declarant)		